

● PRINTER RUSH ●
(PTO ASSISTANCE)

2nd request

Application : <u>10/625021</u>	Examiner : <u>Letscher</u>	GAU : <u>1752</u>
From: <u>MPB</u>	Location: <u>IDC</u> FMF FDC	Date: <u>06/11/05</u>
Tracking #: <u>05956385</u>		Week Date: <u>05/24/04</u>

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input checked="" type="checkbox"/> CLM	<u>07/23/03</u>	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW	_____	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input type="checkbox"/> OATH	_____	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE: _____

original claim 10 (now renumbered as claim 1) depends from a cancelled original claim 8 (see Rem dated 07/23/03, line 3). please advise/correct claim dependency (claim 1 must be in independent claim format). Thank you

[XRUSH] RESPONSE: _____

INITIALS:

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.
REV 10/04